

Portal FAQs

DMMA FAQ: <http://www.dhss.delaware.gov/dhss/dmma/faqs.html>

Delaware Health Care Commission (DHCC) FAQ: <http://www.dhss.delaware.gov/dhss/dhcc/faq.html>

Contents

Member Portal	2
Provider Portal (General).....	4
ACA Provider Screening and Enrollment	5
Pharmacy.....	7
Dental.....	8

Member Portal

What medical services are covered?

Call the phone number on your Managed Care card for help with questions about covered services.

How do I add a newborn to my case?

Call the Change Report Center at 1-866-843-7212 or fax baby's birth record with parents' names, dates of birth and contact information to 302-571-4901.

How do I pay the CHIP premium?

You can pay your CHIP premium at the following - <https://paybill.com/dhcp>. You can also call 1-800-996-9969 if you need additional assistance when paying your CHIP premium.

How do I change my managed care provider?

Log on to the Delaware Medical Assistance Portal (DMAP), on the left hand side there is a "Verify Managed Care Enrollment" link. NOTE: Members can only choose a MCO during an Initial enrollment or Open enrollment.

Please review the services offered by each MCO:

Highmark Health Options – <https://highmarkhealthoptions.com/>

United Healthcare Community Plan - <http://www.uhccommunityplan.com/>

If you need additional assistance, contact the Health Benefit Manager at 1-800-996-9969.

What should I bring to my medical visit?

You should bring your Medicaid card, MCO card, and a picture ID.

What is a Fair Hearing?

The Department of Health and Social Services (DHSS) provides an opportunity for a fair hearing to any person who is dissatisfied with a decision to deny, suspend, delay, reduce, or terminate benefits. A fair hearing gives applicants and recipients an opportunity for an impartial, objective review of actions taken by DHSS. When we notify anyone of any action affecting their benefits, we provide a written notice of the opportunity for a fair hearing and the method by which a hearing can be requested. Appellants can

appear for a hearing in person or they can be represented by legal counsel or by another person at a hearing.

A request for a hearing must be made in writing. When someone asks for a hearing, we prepare and submit a hearing summary to the State Hearing Office of the Division of Social Services. The fair hearing summary gives the factual and legal reason(s) for the action under appeal. When the hearing summary is received, the Hearing Office sets a date for the hearing and notifies all parties, including witnesses, by certified mail of the date, time, and place of the hearing.

Before the hearing, the applicant or recipient and his/her representative can ask to look at and copy the documents and records the State or its agent (such as a Managed Care Organization) will use at the hearing. Such requests should be made to the office where the action under appeal was taken. There is no charge for copies of records and documents needed to prepare a case for a fair hearing.

At the hearing the individual has the opportunity to:

1. Examine case records and documents;
2. Present his/her case by him/herself or with the aid of a representative or counsel;
3. Bring witnesses;
4. Submit evidence to establish all pertinent facts and circumstances;
5. Advance any argument without interference;
6. Question or refute any testimony or evidence including an opportunity to confront and cross-examine adverse witnesses;
7. Use interpreters or mechanical facilities to overcome language or other communication barriers;
8. Withdraw the request for a hearing at any time.

Decisions of Hearing Officers are based exclusively on evidence introduced at the hearing. The decision of the Hearing Officer is issued within 30 days from the date of the hearing. The decision of the Hearing Officer is the final decision of the Department of Health and Social Services. If an applicant or recipient disagrees with the decision of the Hearing Officer, he/she may ask for judicial review by Superior Court. In order to have a review of the decision by Superior Court, a notice of appeal must be filed with the clerk (Prothonotary) of the Superior Court within 30 days of the date of the decision. An appeal may result in a reversal of the Hearing Officer's decision.

How do I report Medicaid Fraud?

Report Medicaid Fraud, Waste, and Abuse at (1-800-372-2022)

[Return to Top](#)

Provider Portal (General)

What items do I need to request from members when providing services?

Members should always present their Medicaid card, MCO card, and a picture ID.

What is “Notify Me”?

“Notify Me” is an email notification system that gives Providers the ability to subscribe for emails notification for updates related to the following information: “Special Bulletins / Alerts”, “Manual Updates”, “Dental” or Pharmacy” information. To sign up for “Notify Me”, log in to DMAP and click on the “Notify Me” link (left hand side), then follow the screen prompts.

Note: Non-Providers can register as well, they would click on “Notify Me” of the Provider Landing page.

How do I report Medicaid Fraud?

Report Medicaid Fraud, Waste, and Abuse at (1-800-372-2022). Also, you can submit anonymously through the Portal. On the [Portal Landing Page](#), on the left hand side, click on the “Report Fraud” link.

[Return to Top](#)

ACA Provider Screening and Enrollment

What is the purpose of the ACA Provider Screening and Enrollment Rules?

To prevent or combat fraud, waste, and abuse under the Medicare and Medicaid programs and CHIP.

Should I expect changes to the enrollment process?

Yes, Delaware Medical Assistance Program (DMAP) is updating enrollment applications to incorporate the ACA requirements and guidelines. DMAP will also enhance provider and supplier screening techniques, manage institutional provider application fees, and increase disclosure information requirements.

What is the new screening process?

Delaware Medical Assistance Program (DMAP) already screens all potential applications for the enrollment process. However, the new ACA requirements necessitate additional database screening for providers, managing staff and those with five percent ownership. Some providers will also have unannounced pre- and post- enrollment site visits.

What can I expect from Delaware Medical Assistance Program (DMAP)?

Service - we are dedicated to providing the Healthcare Community with the most up-to-date information.

Support - our knowledgeable staff is here to assist providers through this transition.

Who is considered an Ordering/Referring/Prescribing provider?

A provider that is not fully enrolled with the Delaware Medical Assistance Program (DMAP) will never be paid by DMAP: but places orders, refers to another provider, or prescribes for a DMAP recipient is considered to be an Ordering/Referring/Prescribing provider. For example,

Doctors of Medicine, Osteopathy, Dental Surgery, Dental Medicine, Podiatric Medicine,
Optometry, or Chiropractic Medicine

Physician Assistants

Certified Clinical Nurse Specialists, Nurse Practitioners, Certified Nurse Midwives

Clinical Psychologist

Clinical Social Workers

Audiologists and Hearing Aid Dispensers

How are Ordering/Referring/Prescribing providers affected?

In the future, these providers will be required to complete a streamlined application via the Delaware Medical Assistance Portal (DMAP).

Did you know?

The Centers for Medicare and Medicaid Services (CMS) requires States to deny claims from providers who are not enrolled in the State's Medicaid or CHIP programs. These claims include reimbursement for services rendered, prescriptions, referrals, and orders for lab work and tests. Enroll in the Delaware Medical Assistance Program (DMAP) today!

[Return to Top](#)

Pharmacy

How do I submit or check the status of a Prior Authorization?

Provider Training has been developed specifically to help you through the process of Submitting, Updating and/or Reviewing Prior Authorizations. To access this training or additional training, you need to register with the LMS (Learning Management System). Please review the “Training – LMS Instruction.pdf” to access all training.



Training - LMS
Instructions.pdf

Contact Information for Training Material
Hewlett Packard Enterprise (HPE) Help Desk: 1-855-890-5974
HPE Trainers: dmestraining@hpe.com

What is X12 5010?

Below are the most frequently asked questions for X12 5010.



5010 Frequently
Asked Questions.pdf

Where can I find NCPDP Information?

NCPDP information can be found the [Claims Folder](#) in our document repository.

Where can I find HIPAA information related to Claim Submission?

HIPAA information can be found the [Claims Folder](#) in our document repository.

Where can I find information on Mental Health Drug Coverage?

Mental Health Drug Coverage can be found in the [Pharmaceutical and Therapeutics \(P&T\)](#) folder in our document repository.

Where do I find the Preferred Drug List?

You can find this list by clicking on the [“Preferred Drug List”](#) link. PDL

How can I see if a drug requires prior authorization and what the reimbursement is for the medication?

By clicking on [“Search Drug Codes”](#) link, you will find the drugs that requires prior authorization and what the reimbursement is for the medication.

How can I tell when the next P&T meeting is scheduled?

The schedule can be found at the [“P&T meetings”](#) folders.

[Return to Top](#)

Dental

Who is eligible for Dental Coverage?

Delaware Healthy Children Program (DHCP) covers children through age 18.

Medicaid covers children through age 20.

What dental services are covered?

The following services are covered at no charge to members who currently have dental benefits and visit a participating dentist.

- Oral exams
- Cleanings
- X-Rays
- Fillings
- Extractions
- Partial and full dentures
- Root canals
- Crowns
- Oral surgery
- Orthodontic Services (Only Handicapping Malocclusion: Must qualify)

You may have to pay for the dental care if the service is provided by a dentist who is not enrolled with Delaware Medicaid or CHIP and you willingly signed a detailed consent form agreeing to pay for services not covered. Specific services require prior authorization. No treatment should begin until a response was received for the prior authorization.

Where do I find a dentist that is enrolled with Medicaid or Delaware Healthy Children Program?

The Following links provide a list of dental providers that accept both Medicaid and Delaware Healthy Children Program insurance for dental care.

[Medicaid and Healthy Children's Participating Dentist list](#)

<http://www.insurekidsnow.gov/>

How do adults get dental care?

Contact your Managed Care Organization for questions about covered dental benefits under your policy.

Adults seeking dental care can contact the following organizations for assistance.

Henrietta Johnson Medical Center – www.hmjmc.org/dental All ages

Delaware Technical Community College - <https://www.dtcc.edu/our-campus/wilmington/dental-health-center> All ages

Nemours Senior Care – www.seniorcarenemours.org Ages 65 and older

Pierre Toussaint Dental Office – www.ministryofcaring.org/support-services Ages 19-65

Practice Without Pressure Inc. – www.pwpde.comrequestinfo@pwpde.com Dental care for disabled

Wilmington Hospital Dental Clinic – www.christianacare.org/dentistry No age restriction

Delaware Hope Clinic: www.delawarehelpline.org/helplinecontroller Ages 18-65

Nemours Senior Care Milford: 1-800-763-9326 Ages 65 and older.

La Red Health Center: www.laredhealthcenter.org No age restrictions

When should I visit a dentist?

Babies need to be seen by a dentist by their first birthday or earlier if you notice any dark spots, redness or have any other concerns. Routine dental care including dental exam, teeth cleaning, fluoride should be done every 6 months to prevent dental decay. Decay can cause infection, pain, affect school performance, self-esteem and speech.

How do I take care of my baby's teeth?

Did you know that you could be passing cavity-causing bacteria on to your baby? Babies are not born with the germs that cause cavities - the germs come from grown-ups. This means dental disease can start with a baby's first tooth.

- Avoid sharing saliva with your baby. Don't put things in your mouth before you put them in your baby's mouth.
- Do not share spoons, forks or cups.
- Start protecting your child's smile early -- the first trip to the dentist should take place by their first birthday
- Put only formula, milk or water in a baby bottle -- no juice or sweet drinks.

- Don't dip pacifiers in honey or sugar, and don't clean them with your mouth.
- Never leave your child unattended with a baby bottle, especially at bedtime.
- Wean your child from the bottle by one year of age.
- Start taking care of your baby's teeth from day one:
- Before your baby has teeth, you should clean the gums with a clean, damp washcloth both morning and night.
- When teeth first appear, you can begin brushing teeth with a small, soft toothbrush and an appropriate amount of fluoride toothpaste twice a day.

Tooth decay is the most common childhood disease in the United States – yet oral health problems are nearly 100% preventable. Start these good oral health practices from the very beginning of your baby's life, and help to avoid significant problems down the road.

You have the power to prevent cavities!

Link for Delaware Oral Health Program: <http://www.dhss.delaware.gov/dph/hsm/ohppated.html>

What is a Dental Home and why is it important?

The American Academy Pediatric Dentistry (AAPD) encourages parents and other care providers to help every child establish a dental home by 12 months of age. A dental home should provide comprehensive oral health care including acute care and preventive services. Seeking care consistently with a provider that is familiar with your child and family is beneficial to your child.

If switching dental providers make sure you sign a release to have your dental x-rays and information switched to the new dentist for continued care.

[Return to Top](#)